

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		0				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
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TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					

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